Revision: HCFA-PM-91-4 (BPD)

1991

ATTACHMENT 2.2-A

Page 1 OMB No.: 0938

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

	State:		Nor	th Carolina			
GROUPS	COVERED A	ND .	AGENCIES	RESPONSIBLE	FOR	ELIGIBILITY DETER	RMINATION
Agency* Cit	cation(s)			G	roups	5 Covered	-
			The	following gro	oups	are covered under	this plan.
	Α.			Coverage - Coperage - Coperage Coupe		orically Needy and	d Other
42 CFR 435.11	٥-	1.	Recipie	nts of AFDC			
			The app	roved State	AFDC	plan includes:	
				Families with limit.	n an	unemployed parent	with no time
					nonth	unemployed parent n period and an op _ months.	
				Pregnant wome	en wi	ith no other eligi	ible children.
				in a seconda:	y so	e 18 who are full- chool or in the ed nal or technical t	guivalent
						AFDC payments an	e listed in
42 CFR 435.11	15	2.	Deemed 1	Recipients of	E AFI	ос	
						title IV-A cash pould be less than	
* Agency that	determin	ies	eligibil	ity for cove	age.		
TN No. 96-04	ı Ar	pro	val Date	9-27-96		Effective Da	ate 07-01-96
Supersedes TN No. 92-	-01				F	HCFA ID: 7983E	

Revision: HCFA-PM-91-4 ATTACHMENT 2.2-A (BPD) AUGUST 1991 Page 2 OMB NO.: 0938-State: North Carolina Agency* Citation(s) Groups Covered A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued) 2. Deemed Recipients of AFDC. 1902(a)(10)(A)(i)(I) b. Effective October 1, 1990, participants in of the Act a work supplementation program under title IV-A and any child or relative of such individual (or other individual living in the same household as such individuals) who would be eligible for AFDC if there were no work supplementation program, in accordance with section 482(e)(6) of the Act. 402(a)(22)(A) c. Individuals whose AFDC payments are of the Act reduced to zero by reason of recovery of overpayment of AFDC funds. 406(h) and d. An assistance unit deemed to be receiving 1902(a)(10)(A) AFDC for a period of four calendar months (i)(I) of the Act because the family becomes ineligible for AFDC as a result of collection or increased collection of support and meets the requirements of section 406(h) of the Act.

who meet the requirements of section 473(b)(1) or (2) for whom an adoption assistance agreement is in effect or foster care maintenance payments are being made under title IV-E of the Act.

e. Individuals deemed to be receiving AFDC

*Agency that determines eligibility for coverage.

TN No. 92-01 Approval Date 10-21-92 Effective Date 1/1/92 Supersedes
TN No. 90-09 HCFA ID: 7983E

....

1902(a) of

the Act

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OMB NO.: 0938-

State:

North Carolina

Groups Covered

Agency* Citation(s)

A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

3. Qualified Family Members

407(b), 1902 (a)(10)(A)(i)and 1905(m)(1)of the Act

NAMES AND STATE OF THE PARTY NAMES AND STATE

NACARA MANANA MA

1902(a)(52) and 1925 of the Act

4. Families terminated from AFDC solely because of earnings, hours of employment, or loss of earned income disregards entitled up to twelve months of extended benefits in accordance with section 1925 of the Act. (This provision expires on September 30, 1998.)

*Agency that determines eligibility for coverage.

TN No. Approval Date 10-21-92 Effective Date 1/1/92 Supersedes TN No. 87-12 HCFA ID: 7983E

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State:	North	Carolin	ıa
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OMB NO.: 0938-

Agency* Citation(s)

Groups Covered

A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

42 CFR 435.113

- 5. Individuals who are ineligible for AFDC solely because of eligibility requirements that are specifically prohibited under Medicaid. Included are:
 - a. Families denied AFDC solely because of income and resources deemed to be available from--
 - (1) Stepparents who are not legally liable for support of stepchildren under a State law of general applicability;
 - (2) Grandparents;
 - (3) Legal guardians; and
 - (4) Individual alien sponsors (who are not spouses of the individual or the individual's parent);
 - b. Families denied AFDC solely because of the involuntary inclusion of siblings who have income and resources of their own in the filing unit.

*Agency that determines eligibility for coverage.

TN No. 92-02 Approval Date 10-21-92 Effective Date 1/1/92
Supersedes
TN No. 86-19 HCFA ID: 7983E

Revision: HCFA-PM-91-4 AUGUST 1991

TN No. NEW

(BPD)

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	State:	North Carolina CMB No.: 0930
gency* Ci	tation(s)	Groups Covered
	Α.	Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)
42 CFR 4	35.114	 Individuals who would be eligible for AFDC except for the increase in OASDI benefits under Pub. L. 92-336 (July 1, 1972), who were entitled to OASDI in August 1972, and who were receiving cash assistance in August 1972.
		Includes persons who would have been eligible for cash assistance but had not applied in August 1972 (this group was included in this State's August 1972 plan).
		Includes persons who would have been eligible for cash assistance in August 1972 if not in a medical institution or intermediate care facility (this group was included in this State's August 1972 plan).
	<u> </u>	Not applicable with respect to intermediate care facilities; State did or does not cover this service.
1902(a)(10) (A)(i)(III)		7. Qualified Pregnant Women and Children.
and 1905(n) the Act		a. A pregnant woman whose pregnancy has been medically verified who
		(1) Would be eligible for an AFDC cash payment (or who would be eligible if the State had an AFDC unemployed parents program) if the child had been born and was living with her;
*Agency th		ines eligibility for coverage.
TN NoSupersedes		Approval Date 10-21-92 Effective Date 1/1/92

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

St	ate:	No	rth	Carolina		····	
		COVERAGE	AND	CONDITIONS	OF	ELIGIBILITY	
Citation(s)					Gro	oups Covered	

- A. Mandatory Coverage Categorically Needy and Other Required Special Groups (Continued)
 - 7. a. (2) Is a member of a family that would be eligible for aid to families with dependent children of unemployed parents if the State had an AFDC-unemployed parents program; or
 - (3) Would be eligible for an AFDC cash payment on the basis of the income and resource requirements of the State's approved AFDC plan.

1902(a)(10)(A) (i)(III) and 1905(n) of the Act

- b. Children born after September 30, 1983 who are under age 19 and who would be eligible for an AFDC cash payment on the basis of the income and resource requirements of the State's approved AFDC plan.
 - X Children born after
 Any Date
 (specify optional earlier date)
 who are under age 19 and who would be
 eligible for an AFDC cash payment on the
 basis of the income and resource
 requirements of the State's approved
 AFDC plan.

TN No. 94-32
Supersedes 92-01 Approval Date 3/31/95 Effective Date 7/1/94
TN No.

Revision: HCFA-PM-92-1

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State:	North Carolina	
	COVERAGE AND CONDITIONS OF ELIGIBILITY	
Citation(s)	Groups Covered	

Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

1902(a)(10)(A) (i)(IV) and 1902(1)(1)(A) and (B) of the Act

- Pregnant women and infants under 1 year of age with family incomes up to 133 percent of the Federal poverty level who are described in section 1902(a)(10)(A)(i)(IV) and 1902(1) (1)(A) and (B) of the Act. The income level for this group is specified in Supplement 1 to ATTACHMENT 2.6-A.
 - X The State uses a percentage greater than 133 but not more than 185 percent of the Federal poverty level, as established in its State plan, State legislation, or State appropriations as of December 19, 1989.

9. Children:

- 1902(a)(10)(A) (i)(VI) 1902(1)(1)(C) of the Act
- 1902(a)(10)(A)(i) (VII) and 1902(1) (1)(D) of the Act

- who have attained 1 year of age but have and not attained 6 years of age, with family incomes at or below 133 percent of the Federal poverty levels.
- born after September 30, 1983, who have attained 6 years of age but have not attained 19 years of age, with family incomes at or below 100 percent of the Federal poverty levels.

Income levels for these groups are specified in Supplement 1 to ATTACHMENT 2.6A.

N No. 92-01				
upersedes	Approval Dat	e 10-21-92	Effective Date	1-1-92

Revision: HCFA-PM-92-1

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

	State:	North Carolina						
		COVERAGE	AND	CONDITIONS	OF	ELIGIBILI		
Citation(s)				Gr	oups Cover		

A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

1902(a)(10)
(A)(i)(V) and
1905(m) of the
Act

10. Individuals other than qualified pregnant women and children under item A.7. above who are members of a family that would be receiving AFDC under section 407 of the Act if the State had not exercised the option under section 407(b)(2)(B)(i) of the Act to limit the number of months for which a family may receive AFDC.

1902(e)(5) of the Act

11. a. A woman who, while pregnant, was eligible for, applied for, and receives Medicaid under the approved State plan on the day her pregnancy ends. The woman continues to be eligible, as though she were pregnant, for all pregnancy-related and postpartum medical assistance under the plan for a 60-day period (beginning on the last day of her pregnancy) and for any remaining days in the month in which the 60th day falls.

1902(e)(6) of the Act b. A pregnant woman who would otherwise lose eligibility because of an increase in income (of the family in which she is a member) during the pregnancy or the postpartum period which extends through the end of the month in which the 60-day period (beginning on the last day of pregnancy) ends.

TN No. 92-01Supersedes Approval Date 10-21-92 Effective Date 1-1-92TN No. 87-5

FEBRUARY 1992

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State								
State:	North Carolina							
	COVERAGE	AND	CONDI	TIO	NS OF ELIGIBILITY			
Citation(s)					Groups Covered			
	Α.	Man	datory uired	Co.	verage - Categorically Needy and Other cial Groups (Continued)			
1902(e)(4) of the Act		12.	receidate eligimothe if st	vin of ble r r	born to a woman who is eligible for and g Medicaid as categorically needy on the the child's birth. The child is deemed for one year from birth as long as the emains eligible or would remain eligible pregnant and the child remains in the usehold as the mother.			
42 CFR 435.120		13.			ind and Disabled Individuals Receiving istance			
÷			<u>X</u>	a.	Individuals receiving SSI.			
· · · · · · · · · · · · · · · · · · ·					This includes beneficiaries' eligible spouses and persons receiving SSI benefits pending a final determination of blindness or disability or pending disposal of excess resources under an agreement with the Social Security Administration; and beginning January 1, 1981 persons receiving SSI under section 1619(a) of the Act or considered to be receiving SSI under section 1619(b) of the Act.			

X Aged X Blind X Disabled

TN No. Approval Date 5-18-95 Supersedes
TN No. 92-01 Effective Date 1-1-95 Revision: HCFA-PM-91-4 (BPD) ATTACHMENT 2.2-A AUGUST 1991 Page 6a OMB NO.: 0938-State: North Carolina Agency* Citation(s) Groups Covered A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued) 13. // b. Individuals who meet more restrictive 435.121 requirements for Medicaid than the SSI requirements. (This includes persons who qualify for benefits under section 1619(a) of the Act or who meet the requirements for SSI status under section 1619(b)(1) of the 1619(b)(1) Act and who met the State's more restrictive requirements for Medicaid in the of the Act month before the month they qualified for SSI under section 1619(a) or met the requirements under section 1619(b)(1) of the Act. Medicaid eligibility for these individuals continues as long as they continue to meet the 1619(a) eligibility standard or the requirements of section 1619(b) of the Act.) Aged Blind Disabled The more restrictive categorical eligibility criteria are described below:

(Financial criteria are described in ATTACHMENT 2.6-A).

*Agency that determines eligibility for coverage.

TN No. 94-36 Approval Date 5-/8-95 Effective Date 1-1-95
Supersedes
TN No. 92-01 HCFA ID: 7983E